

# Embryo/Oocyte/Fertilized Egg Transfer Application



## American Paint Horse Association

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Office use only

Date Received: \_\_\_\_\_

Work Order No.: \_\_\_\_\_

Amount Charged on CC: \_\_\_\_\_

Initials: \_\_\_\_\_

### Instructions

- Embryo/Oocyte/Fertilized Egg Transfer Application must be submitted before the intended transfer.
- Before a resulting foal can be registered, its parentage must be verified by DNA genetic testing (sire, donor mare and foal). It is recommended that the donor mare be tested at the time of transfer.
- If more than one transfer is attempted and more than one stallion is used, please list additional stallions used.
- If more than five stallions were used, please attach additional stallion information.
- For additional information concerning APHA embryo transfer rules, see rule RG-120 in the APHA Rule Book, or call MemberCare at (817) 222-6423, or by fax at (817) 222-8458.

### Membership

- Membership must be held or purchase in exactly the same name as that under which the mare is owned at the time of transfer.
- Memberships begin in the same month application is postmarked.
- Fees subject to change without notice.

### Mare Information

Registered Name of Mare: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Recorded Owner: \_\_\_\_\_ APHA I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Recorded Mare  
Owner or Authorized Agent: X \_\_\_\_\_ Date: \_\_\_\_\_

### Breeding Information

Year Bred: \_\_\_\_\_ Number of Vitriified Embryos Harvested: \_\_\_\_\_

Please list the Registered Name and Number of each Stallion

1. Name of Stallion: \_\_\_\_\_ Reg. Number \_\_\_\_\_

2. Name of Stallion: \_\_\_\_\_ Reg. Number \_\_\_\_\_

3. Name of Stallion: \_\_\_\_\_ Reg. Number \_\_\_\_\_

4. Name of Stallion: \_\_\_\_\_ Reg. Number \_\_\_\_\_

5. Name of Stallion: \_\_\_\_\_ Reg. Number \_\_\_\_\_

### Clinic Information/Storage Location

Name of Clinic/Station where transfer will be performed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Fees

	Member
<input type="checkbox"/> Donor Mare Enrollment Fee	\$100
<input type="checkbox"/> DNA Kit Request for Donor Mare	\$60
<input type="checkbox"/> Late Fee	\$100

### Membership Levels

- One-year—\$45
- Three-year—\$105
- Five-year—\$175
- Lifetime—\$750

Donor Mare  
Enrollment Fee: \$ \_\_\_\_\_  
DNA Kit Request: \$ \_\_\_\_\_  
Membership Dues: \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Check or money order enclosed. **Do not send cash.**  
If you pay by check, your check may be presented electronically.

MasterCard  VISA  American Express

### If paying by credit card, please complete the following.

Card No.: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

APHA I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: X \_\_\_\_\_